

Craigavon Area Hospital Group (HSS) Trust

# **Trust Corporate Governance Framework**

**Incorporating arrangements for Clinical & Social Care  
Governance, Risk Management  
& Controls Assurance**

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Chief Executive

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## **Introduction**

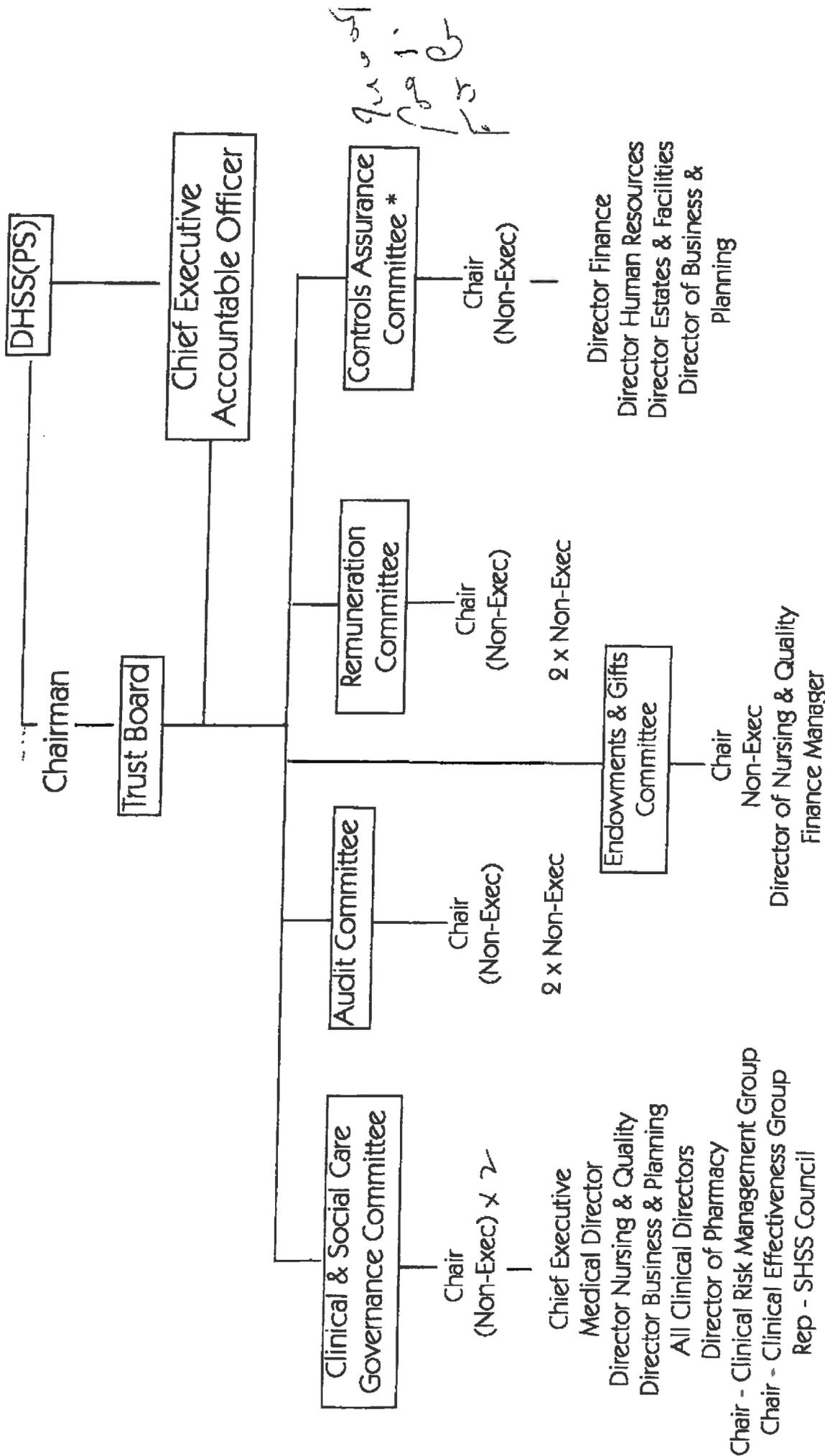
This paper sets out proposals for the consideration of the Trust Board on the development of a new Corporate, Clinical & Social Care Governance and Risk Management Framework and Organisational Structure within the Trust.

As this is an evolving and developing situation with further guidance and direction being received from the DHSS&PS, these proposals will be the subject of further refinement and adjustment in the light of experience.

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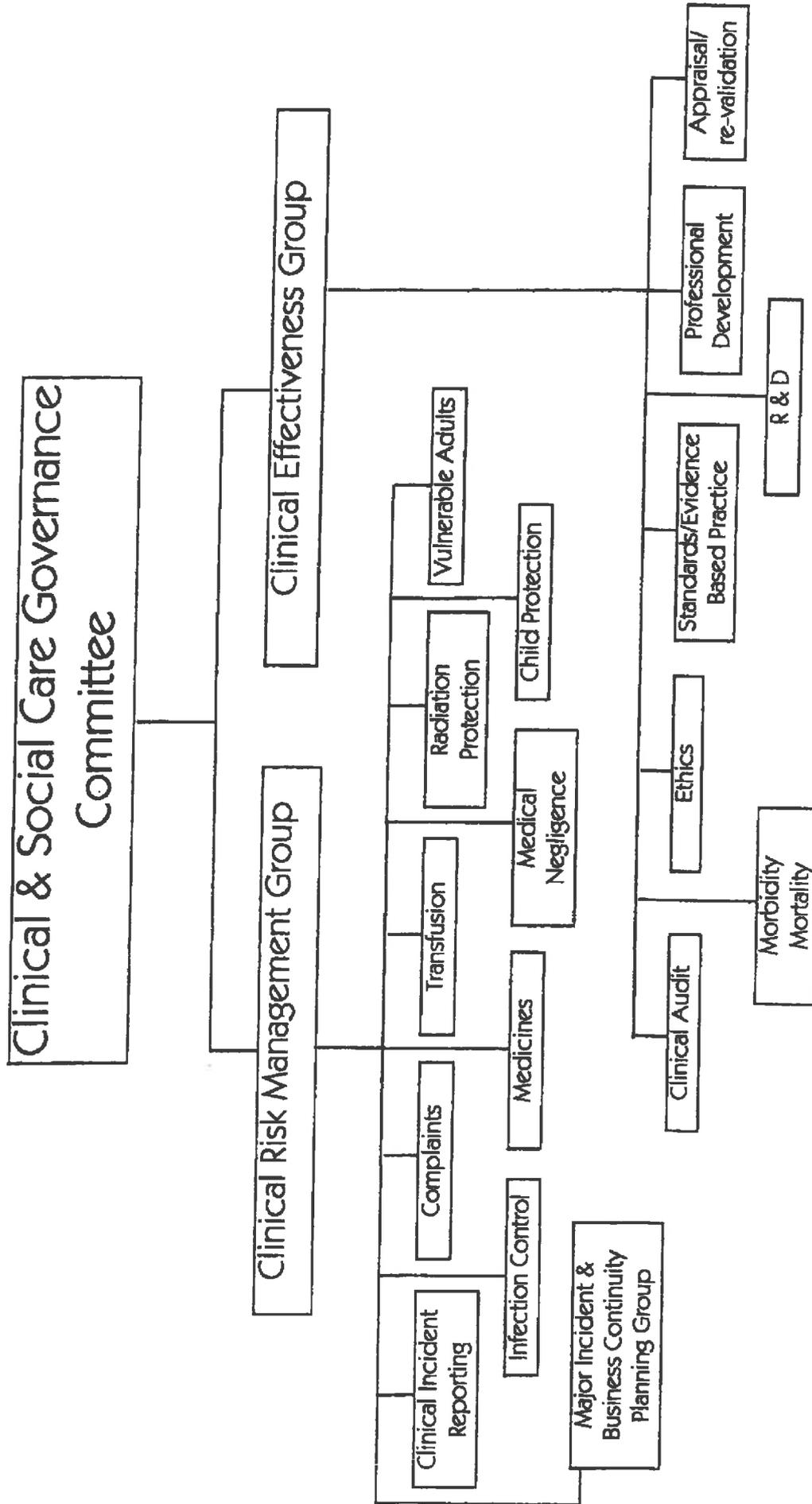
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# Corporate Governance Framework



\* Incorporating Finance & General Purposes Committee

# Clinical & Social Care Governance Structure



## **Corporate Governance**

Corporate Governance is about the management of management.

The Cadbury Report in December 1992 (The Report of the Committee on the Finance Aspects of Corporate Governance) defined Corporate Governance as:

"The systems by which organisations are directed and controlled."

Corporate Governance is concerned with the structures and processes for accountability, decision making and the behaviour of senior executives. (Principles of Corporate Governance – see Appendix 1)

Within the Trust these responsibilities rest with the Trust Board which is responsible for:

- giving leadership and strategic direction
- defining control mechanisms to protect public resources
- supervise overall management of the Trust's activities, and
- reporting on stewardship and performance

Corporate Governance has, over the past 5 years increased its profile because of growing public concern about the real and perceived lack of control at the top of the organisation, both in the private and public service sectors.

There is growing concern that in some organisations Senior Managers appear to be able to act without restraint and that control and audit systems have failed.

The 1992 Cadbury Report has been followed by further reports. Rutteman Report requirement to prepare statement of internal financial control; Greenbury report on remuneration and disclosures, and subsequently, the Hempel Committee which drew these together into a combined code.

The latest report emanated from the Turnbull Committee: Internal Control: Guidance for Directors.

The Turnbull Report focused upon risk and control reflecting best business practice, whereby risk management and control are embedded in the business processes by which an organisation pursues its objectives. The guidance promotes proactive risk management which is driven from the top down.

All organisations need to show that they have established and are maintaining effective and ongoing procedures for identifying, evaluating and managing business risks.

As a follow up, the Department of Finance & Personnel decided that all Northern Ireland departments and their associated bodies should adopt the key provisions of the Combined Code (Tumbull). This requires a progression from a statement on Internal Financial Control (SIFC) to the requirement for a wider Statement on Internal Control (SIC). In addition to financial controls the SIC must also embrace the procedures in place to address wider risks within an organisation. This recognises the development of an organisation – wide system of risk management as being absolutely central to the maintenance of effective internal controls.

This was further emphasized in: the 1999 HRRR Report on Risk Management in the HPSS; the NIAO report and subsequent Public Accounts Committee hearing on Compensation Payments for Clinical Negligence.

Boards, including our own Trust Board, require assurances from the Chief Executive and Directors that such procedures are operating effectively and will have a system in place which enables it to regularly form its own view on effectiveness. The Internal and External Audits, the work of the Audit and Remuneration Committees assist and enable it to do so.

While it is recognised that much good work had been done in the HPSS, the lack of a single commonly applied system of risk management was seen as a significant weakness in the system.

Since 1998/99 Public Sector bodies have been required to include a Statement of Internal Financial Control in their final accounts, to meet the best practice requirements in Corporate Governance. In the HPSS there will be a phased introduction with full implementation by 2003/04.

### ***Internal Control***

Circular HSS(F) 24/2001 issued on 21 May 2001, advised all HSS bodies of the phased introduction of a Statement on Internal Control with full implementation by 2003.04.

The Circular advised that a transitional statement was permitted for 2001/02 and for 2002.03. A full statement will be required for 2003/04.

The Statement of Internal Control summarises the process that has been applied in reviewing the effectiveness of the system of internal control within the reporting body, namely the Trust. Examples of processes are: development of risk management policy, role of relevant committees, procedures for ensuring that risk management systems are reviewed and reported on, systems to ensure compliance with specific regulations.

The statement will specify the work undertaken during the year and will record details of actions taken or proposed to deal with material internal control aspects of any significant problems disclosed in the annual report and accounts. It must also identify what has been done and what is planned to achieve a risk-based approach to internal control across all the functions of the organisation by the commencement of the 2003/04 accounting period, when the Statement on Internal Control will be fully introduced.

The Statement on Internal Control, which will be signed by the Chief Executive, as Accountable Officer, will be passed to the external auditors for review and will form part of the audited annual financial statements.

### ***Risk Management***

HPSS Circular HSS(PPM) 13/2002 issued on 6 December 2002, requires the Trust to implement an organisation-wide system of risk management, and require it to have the fundamental structures and processes to support the systems in place by 31 March 2003. Circular HSS (PPM) 5/2003 issued on 11 April 2003, requires all HPSS bodies to have a functioning risk register in place by September 2003.

Now the DHSS(PS) Permanent Secretary has required that all HPSS organisations put in place a common organisations – wide system of risk management based on the AS/NZS 4366: 1999.

The standard provides a generic framework for establishing the context, identification, analysis, evaluation, treatment, monitoring and communication of risk.

While the AS/NZS Risk Management standard is being used, it is important to recognise that the design and implementation of the risk management system will be influenced by the specific needs of the Trust, its objectives, services provided and the processes and specific practices employed.

Risk Management is seen as an interactive process consisting of well-defined steps which, taken in sequence, support better decision-making by contributing a greater insight into risks and their impacts. Decision makers, from Trust Board down, need to know about potential outcomes and the steps necessary to control their impact.

Risk Management is now recognised as an integral part of good management practice and the responsibility of every manager. For the Trust to obtain maximum benefit, risk management must become part of the organisation's culture and way of behaving. It must, therefore, be integrated into its philosophy, business plans, processes and practices, rather than be seen as a specific free-standing activity. We must work towards a goal where risk management becomes everyone's business throughout the Trust.

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The key steps the Trust must take to develop and implement its risk management arrangements:

- secure the support of the Trust Board and Senior Executives
- Develop policies and a framework for managing risks which are approved by the Trust Board and monitored to ensure compliance
- Clearly define who is responsible for management of specific risk areas
- Raise awareness, understanding and knowledge regarding risk management to all staff throughout the Trust
- Ensure policies are effectively communicated within the Trust
- Manage risks throughout the Trust through a properly defined system of risk assessment and prioritization
- Monitor and review policies, processes and practices and the effectiveness of the risk management process

The Trust will be expected to ensure that its registers encompass the full spectrum of financial, organisational and clinical and social care risk.

To do so it requires to have appropriate policies on Controls Assurance, Risk Management and Clinical & Social care Governance in place. It must also seek regular formal assurance that the systems are in place and functioning properly.

#### *Risk Management Standards & Responsibilities*

Risk Management System	Chief Executive – Executive Directors
Buildings, Land & Non- Medical Equipment	Director of Estates & Facilities Management
Catering & Food Hygiene	Director of Estates & Facilities Management
Contracts & Construction Control	Directors of Finance, Estates & Facilities Management, Director of Pharmacy

Emergency Preparedness	Medical Director, Director of Nursing & Quality, Estates & Facilities Management, Business & Planning, Human Resources, Major Incident Planning Director
Environmental & Waste Management	Director of Estates & Facilities Management
Fire Safety	Director of Estates & Facilities Management, Designated Director of Fire Safety
Security Management	Director of Estates & Facilities Management
Health & Safety	Director of Human Resources
Human Resources/ Occupational Health	Director of Human Resources
Information Management Technology	Director of Business & Planning
Medical Equipment & Devices Management	Directors of Estates & Facilities Management, Nursing & Quality and Medical Director
Professional & Product Liability	Director of Pharmacy
Records Management	Directors of Business & Planning & Human Resources
Security	Director of Estates & Facilities Management
Waste Management	Director of Estates & Facilities Management
Infection Control	Medical Director, Director of Nursing & Quality, Clinical Director Pathology & Laboratory
Medicines Management	Medical Director, Director of Nursing & Quality, Director of Pharmacy
Transport	Director of Estates & Facilities Management

### ***Assurance to the Trust Board***

The Chief Executive and his Senior Executive Team are responsible for implementing the policies set by the Board and for ensuring compliance by appropriate Directors, Managers and staff. The Chief Executive and his Executive Directors are a critical source of assurance to the Board on internal controls.

The Trust Board will also obtain assurance from a number of the key current Committees:

- Audit Committee
- Finance & General Purposes Committee
- Remuneration Committee

These will be further augmented with the creation of a Clinical & Social Care Governance Committee and Controls Assurance Committee.

The Chief Executive, as designated Accountable Officer, has a direct line responsibility to the Permanent Secretary of the DHSS & PS in his role as Accounting Officer for the HPSS, being responsible and accountable for all public funds entrusted to the Trust.

### ***New Organisational Arrangements***

To fulfil its Corporate Governance and Internal Controls Assurance responsibilities, the Trust Board will augment its current Committee structures by the establishment of 2 new Committees. These are:

- Controls Assurance Committee and
- Clinical & Social Care Governance Committee

### ***Controls Assurance Committee***

It is proposed that the current Finance & General Purposes Committee be re-named the Controls Assurance Committee, as many of its functions cover those associated with Controls Assurance.

Committee Membership will comprise:

- Non-Executive Director (Chair)
- Director of Human Resources
- Director of Finance
- Director of Estates & Facilities Management
- Director of Business & Planning

The role of the Committee, in relation to Controls Assurance, is to ensure, on behalf of the Trust Board, that all controls assurance and risk management concerns other than those which are financial (which will be the concern of the Audit Committee) and Clinical, (which will be the concern of the Clinical & Social care Governance Committee) are properly addressed and reported upon to the Trust Board.

The Committee will be responsible for organisation-wide co-ordination and prioritization of controls assurance and risk management issues. It will also encourage and foster greater organisation-wide awareness at all levels throughout the Trust.

To direct its activities and efforts, the Committee will develop an annual Action Plan for Directors and will prepare, for the consideration of the Trust Board, an Annual Report, thus contributing to the Internal Control Assurance Statement.

The Committee will meet monthly and will provide an annual controls assurance report to the Trust Board.

### ***Clinical & Social Care Governance Committee***

Clinical & Social Care Governance provides a systematic framework for the achievement of quality improvement and encompasses all the processes needed to achieve the highest quality of clinical practice and standards of treatment and care to our patients, within available resources.

Clinical & Social Care Governance, like Corporate Governance, relies upon proper arrangements for accountability being in place and which are seen to be effective both within and outside the Trust.

The Clinical & Social Care Governance Committee, which will be a sub-Committee of the Board, and will report directly to it, will be responsible for establishing and overseeing the Trust's Clinical & Social Care Governance Strategy, framework and processes to ensure appropriate standards of professional practice and quality of services to patients.

The Clinical & Social Care Governance Committee will be Chaired by a Non-Executive Director and will provide an annual report to the Trust Board. Further details of the Clinical & Social Care Governance Committee and its sub-committees as set out on page 17 of this document.

### ***Organisational Capability***

In attempting to develop Corporate & Clinical Governance arrangements and systems, the greatest impediment the Trust has faced is that of adequate workforce resources to support the structure and its processes.

To date what has been achieved has been dependent upon the willingness of individuals within the Trust to accept additional responsibility.

The Trust has, within its current organisation and staffing arrangements, a range of departments within which reside high quality staff whose functions are already focused on elements of Governance & Risk Management such as Medical Audit, Medical Negligence, Public & Employer Liability Claims Management, Health & Safety, Fire Precautions, Occupational Health, Quality, Complaints Management, Critical Incident Reporting, Medicines Management, Morbidity & Mortality Audits and many more.

It is important that these individual contributors are harnessed and directed within a proper strategy and plan which focuses upon critical Governance & Risk Management issues within the Trust as determined by the Corporate & Clinical Governance Committees. Discussions are taking place with the Medical Director and Director of Nursing regarding the establishment of a new Clinical Governance Unit within the Trust, making best use of existing resources. Specific proposals will be brought forward on this.

Similarly, consideration is being given to the development of a Risk Management Unit within the Directorate of Human Resources which will support non-clinical risk within the Trust.

As the Trust will continue to experience significant ongoing pressure upon all resources, with many priority competing demands, the development of Governance and Risk structures will be incremental. They must also demonstrate that any additional investment provides real improvement in the safety and quality of our services to patients.

Governance & Risk Management processes will inevitably require a significant increase in the range and quality of information to support it. The Directorate of Business & Planning will be tasked with the responsibility to develop, in collaboration with the key committees and groups their information requirements. Current resource constraints in that Department and the limitation of current information systems will require careful consideration to be given to key information needs and their priority when set against overall risk assessment and prioritization.

### ***Corporate Governance and Clinical Governance Links***

While the Cadbury, Nolan and Turnbull reports all had relevance for Corporate Governance in the Public Service, they did not cover critical aspects of the NHS/HPSS, namely the regulations of health and social care delivery. In 1997 the English NHS White Paper "The New NHS Modern Dependable" introduced Clinical Governance involving clinicians in the assurance of both quality, safety and accountability in health care delivery. The paper stated "The Government will require every NHS Trust to embrace the concept of clinical governance, so that quality is at the core, both of their responsibilities as organisations and of each of their staff, as individual professionals".

Clinical Governance has been defined as a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

In Northern Ireland our local publication by the DHSS(PS) "Best Practice – Best Care", sets out a framework designed to improve the quality of services delivered by the HPSS and focused on:

- developing and disseminating clear service standards for the HPSS
- securing accountability at local level for the delivery of services
- extending regulations to cover a wider range of services
- improving monitoring and regulation of services

'Best Practice – Best Care' defined clinical and social care governance as a framework within which HPSS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care and treatment.

Clinical and Social Care Governance is about organisations taking corporate responsibility for performance and the quality of care provided to patients.

The principles of clinical and social care governance apply to all those who provide or manage patient/client health and social care services in the HPSS.

To achieve these aims the Government introduced a new statutory duty for quality with effect from 1 April 2003 through a system of clinical and social care governance.

This means that for the first time HPSS provider organisations are required to put in place and maintain arrangements for monitoring and improving the quality of health and social care that they provide.

**In effect, this means that the duty of accountability for the quality of services provided is placed on equal status to the statutory duty in relation to financial management.**

Under these new arrangements, Chief Executives will carry ultimate responsibility for ensuring the quality of all services provided by this Trust in the same way they are accountable for the proper use of resources and use of public funds.

Trusts must therefore ensure that these responsibilities are, like corporate governance, properly reflected in their management structures, systems and processes to ensure that high clinical standards are achieved.

Clinical and Social Care Governance is now an integral part of the overall HPSS Governance Framework and deliberately echoes the principles of corporate governance.

It is also a major component of the current Government's drive to modernize the services and to ensure there is fair access to consistently high quality health and social care for all users of the HPSS. To achieve this it is critical that the Trust has in place systems which enable the community's voice to be heard and that of individual patients. The good working relationships between the Trust and the Southern Health & Social Services Council, District Councils, South Tyrone Forum, Cardiac Care Association, Macmillan Fund and Children's Ward Association, provide a strong platform on which to further develop effective user and community involvement.

The DHSSPS has introduced a system of clinical and social care governance which provides a clear systematic framework for the achievement of quality improvement. Successful clinical and social care governance also, like corporate governance, relies upon proper arrangements for accountability which are seen to be effective by the public, the wider Health Service and individual practitioners.

Clinical and Social Care Governance encompasses all the processes needed to achieve the highest quality of clinical practice possible within available resources. It also supports health and social care professionals, as it provides them with the authority they need to make the HPSS work more effectively.

The Trust has, over the past 3 years, taken action to implement a number of these processes and to embody them within its structures.

These activities now need to be brought together in a more integrated and co-ordinated way, through a new organisational structure, which more clearly defines accountability and reporting relationships.

One major element of integration is to ensure that our clinical governance arrangements are embodied within the Trust's overall Controls Assurance and Risk Management Frameworks, given the statutory responsibility now upon Chief Executives for the quality of all Trust Services delivered and the requirement to provide assurance to the Trust Board on such matters.

It is evident that our staff also recognise the benefits of having systems in place which facilitate the continuous monitoring of clinical quality to ensure that standards are maintained and improvements made where necessary.

The clinical and social care governance framework set out in this paper will build on and strengthen existing arrangements with emphasis being placed upon producing the right outcomes.

The new issues to be addressed are:

- ensuring that clinical quality improvements are fully integrated within the overall organisational quality improvement programmes designed to identify, promote and share good practice
- establish quality standards
- ensure effectiveness in clinical and social care delivery
- promote and support education, research and evidence based practice
- ensure good practice is systematically disseminated and adopted

- ensure clinical risk reduction programmes are in place supported by proper risk assessment and management processes
- ensure that all adverse events, near misses and incidents are quickly detected, reported, openly investigated, lessons learned and practice adjusted
- ensure that all complaints are dealt with positively and information gained used to improve quality of service delivery
- ensure that information gained from medical litigation is used to improve quality of service delivery

The system of clinical and social care governance within the Trust will be supported by continuous professional development and stronger professional regulation through appraisal and re-validation of medical staff.

While pressures upon our revenue resources in the past few years have created difficulties in fully supporting the professional development of all staff, we are committed to doing so.

#### ***Corporate Responsibility and Accountability***

The Trust Chief Executive carries ultimate responsibility to the Trust Board for assuring the quality of all services provided by the Trust.

#### ***Medical Director***

The Medical Director is the professional Head of Medical Services within the Trust and is responsible to the Chief Executive to ensure that systems for clinical and social care governance are in place which continuously monitor the quality and effectiveness of clinical services.

The Medical Director is also responsible for maintaining standards of professional performance, clinical and social care governance, medical education and research. She is also responsible for oversight of the Consultant and Non-Consultant Career Grade Doctors Appraisal System and ensuring that current and relevant job plans are in place for every Consultant. All Consultants within the Trust are directly accountable to the Medical Director for the standard of their practice and conduct.

The Medical Director will provide advice to the Chief Executive on clinical risk management, litigation and complaints.

The Medical Director is also responsible for providing direct professional advice to the Trust Board on all clinical matters.

### ***Director of Nursing & Quality***

The Director of Nursing & Quality is the professional Head of Nursing, Midwifery and Therapy Services within the Trust and is specifically responsible for ensuring acceptable professional standards and conduct, the quality of the overall patient experience and for the management and monitoring of the Trust's complaints system.

The Director of Nursing & Quality is responsible for fully developing the role of Nurses under the scope of professional practice and the professional development of all Nursing and Therapy staff, and in particular for the development and empowerment of Ward Sisters, Specialist Nurses and Heads of Therapy Services. All Nurses are directly accountable to the Director of Nursing & Quality for the standard of their practice and conduct.

The Director of Nursing & Quality is responsible for ensuring that policies are in place to secure effective user involvement and feedback in all Trust Services and which enable the community to engage in all aspects of Clinical and Social Care Governance.

### ***Clinical Directors***

Clinical Directors are responsible to the Medical Director for ensuring that systems of clinical governance are in place within their Directorate and through Lead Clinicians within each clinical specialty.

Clinical Directors are also responsible to the Director of Nursing & Quality, through their Clinical Services Managers, for the quality of the overall patient experience.

### ***Lead Consultants***

Lead Consultants are responsible, through their respective Clinical Directors to the Medical Director for the standards of clinical care within their specialty.

### ***Clinical Services Managers***

Are responsible to the Clinical Director for ensuring appropriate standards in respect of Nursing, Midwifery, Therapy, Allied Professions and Administrative & Clerical services, and for the quality of overall patient experience. The Clinical Services Manager is also directly professionally accountable to the Director of Nursing & Quality for the delivery of Nursing and Patient Care Services and their quality.

## ***Nursing***

### ***Ward Managers/Departmental Sisters***

In an acute hospital environment, Ward Managers are the lynchpin of the organisation and located at the most critical interface between our services and the patient. Ward Managers will have full management control over their sphere of clinical activity and will, on behalf of the Director of Nursing & Quality, ensure high quality standards of practice by staff and quality of care to patients and their relatives. The Ward Manager will also be responsible for ensuring the professional development of all Nursing staff and support staff under their charge.

Ward Sisters will also be responsible for non-clinical aspects of the patient experience, including environmental standards, cleanliness, food, communications etc.

### ***Allied Health Professionals***

The Head of each group of Allied Health Professionals will be responsible to the Director of Nursing & Quality for ensuring that systems of Clinical Governance are in place within the service and for the professional conduct, practice and development of Allied Health Professional staff.

### ***Hospital Social Work***

The Head of Hospital Social Work will be responsible to the Director of Nursing & Quality for ensuring that systems of Social Care Governance are in place within the Hospital Social Work Service and for the professional conduct, practice, development and professional supervision of Social Work staff.

### ***Individual Staff***

Every staff member has responsibility for the standard of their own clinical practice and behaviour and for the standard of patient experience under their care.

### ***Clinical & Social Care Governance Committee (CSCGC)***

As stated earlier, responsibility for Clinical & Social Care Governance will rest with the Trust Board and Chief Executive operating through a Clinical & Social Care Governance Committee Chaired by a Non-Executive Director.

### *Remit*

The CSCGC will report directly to the Trust Board. The Committee will be responsible for establishing and overseeing the Trust's Clinical & Social Care Governance strategy and ensuring the implementation of a Clinical and Social Care Governance Framework and processes throughout the Trust which ensure appropriate standards of professional practice and quality of services to patients.

Chairman  
Non-Executive Director

Frequency – quarterly

### *Membership*

- Medical Director
- Director of Nursing & Quality
- All Clinical Directors
- All Management Directors
- Director of Pharmacy
- Chairman – Clinical Risk Management Group
- Chairman – Clinical Effectiveness Group
- Representative: SHSS Council

The Clinical & Social Care Governance Committee will play its part in providing the Trust Board with assurance and evidence that clinical and social care risks and areas requiring quality improvement are identified, assessed and acted upon. The Committee will produce standard and exception reports for the Trust Board.

The Committee will be supported by and will oversee the work of a Clinical Risk Sub-Committee and Clinical Effectiveness Sub-Committee. It will receive quarterly and annual reports on their work and exception reports.

### *Terms of Reference for Clinical & Social Care Governance Committee*

- Develop, monitor and promote a culture of continuous improvement in the delivery of all clinical and social services to patients within the Trust
- ensure that an effective system of clinical and social care governance is in place throughout the Trust

- provide assurance to the Trust Board on all matters of clinical and social care governance
- produce an annual report to the Trust board on clinical and social care governance within the Trust
- ensure, through the Risk & Clinical Effectiveness Groups, that clear structures and processes are in place for the review of issues relating to poor professional health and social care practice
- promote and ensure that evidence based practice is in day to day use and that recommendations emanating from complaints, audits, incidents, litigation or adverse incident reports are acted upon and their impact monitored
- consider the implications of external reports from HPSS agencies and external bodies for Trust services and take action as appropriate to benefit from these in relation to treatment and care practices, processes and standards
- ensure that national and regional standards and guidance are adopted and implemented as appropriate
- ensure, through the Clinical Effectiveness & Risk Groups, that a systematic and regular system of risk assessment a review is in place
- ensure that each Clinical Director has in place a robust system for ensuring clinical effectiveness and assessing and managing risk
- ensure, through the Risk & Effectiveness Group, that clinical and social care incidents and near misses are detected, reported, openly investigated and that lessons learned are incorporated into practice and monitored
- ensure that issues of poor clinical or social care practice or professional behaviour are picked up at an early stage and addressed in an appropriate and supportive manner within a "fair blame" culture
- ensure that an effective system is in place for gaining feedback from patients and relatives and that such feedback is used to improve the quality of services and standards of patient experience
- oversee the process and programme for continuous professional development of all clinical and social care staff

- oversee and monitor the annual work programme of the Clinical Effectiveness and Clinical Risk Groups, through the receipt of regular standard reports and reports relating to specific issues or incidents, to ensure that this supports the Trust's objectives in relation to clinical and social care governance.

### ***Clinical Risk Management Sub-Committee***

Chairperson, Senior Clinician

Frequency Meetings – bi-monthly

Core Membership

- Medical Director
- Director of Nursing & Quality
- All Clinical Directors
- Director of Pharmacy

### ***Remit***

The Clinical Risk Management Group is a sub-committee of the Clinical & Social care Governance Committee. The Group will work under its direction through an annual Clinical Risk Management programme and will address specific matters referred to it.

Its activities are designed to support clinical and social care governance within the Trust and especially providing focused oversight of all matters relating to clinical risk and claims management.

The Group will be responsible for ensuring that an effective system of Clinical Risk management is in place throughout the Trust and will be required to provide annual assurance to this effect as part of the overall assurance to be provided by the Clinical & Social Care Governance Committee annually to the Trust Board.

### ***Terms of Reference***

- reduce clinical risk within the Trust
- ensure that all incidents and near misses are identified, reported, investigated and remedial action taken
- regularly monitor all incidents and near misses to determine whether specific trends are emerging and to ensure that appropriate remedial action is taken

- develop strategies and plan to eliminate or minimize clinical risks
- ensure that the annual Medical and Multi-disciplinary Audit Plans are focused on areas of high risk or where problems have been identified
- ensure that, through the Consultant Appraisal process and professional appraisal process in Nursing, Midwifery and Therapy Services, that specific issues of poor practice or professional behaviour are addressed and the individual supported in doing so
- approve and oversee the implementation of all new clinical protocols, procedures, guidelines, standards and practices
- ensure that proper systems are in place for obtaining patient consent and through audit, that these are fully complied with
- institute specific reviews and investigations where concerns have been raised forming a resolved view and making recommendations for action
- promote good risk management and publicize and acknowledge this.

#### ***Support to Clinical Risk Management Group (CRMG)***

The CRMG will receive quarterly and annual reports from the following groups:

- Infection Control Group
- Medicines Management
- Blood Transfusion Group
- Medical Records Group
- Radiation Protection Group
- Complaints Group
- Child Protection Group
- Vulnerable Adults Group
- Medical Negligence Group
- Management of Medical Devices

#### ***Clinical Effectiveness Group***

##### *Remit*

The Clinical Effectiveness Group is a Sub-Committee of the Clinical & Social Care Governance Committee. The Group will work under its direction through an annual programme of work and address specific matters referred to it.

Its activities are designed to support clinical and social care governance within the Trust and especially providing oversight of clinical effectiveness within all Trust services.

The Group will be responsible for ensuring that effective systems are in place to ensure clinical effectiveness in the delivery of all clinical and social care services to patients.

Chairperson, Senior Clinician

Frequency of meetings – quarterly

Core Membership

- Medical Director
- Director of Nursing & Quality
- Clinical Directors/Lead Consultants
- Clinical Services Managers

*Terms of Reference*

- to ensure clinical and social care effectiveness in the provision of all Trust services to patients
- to direct and oversee the implementation of an annual programme of work designed to improve clinical and social care effectiveness in general and to address specific areas requiring improvement
- to produce an Annual Report on Clinical & Social Care Effectiveness which will form part of the Clinical & Social Care Governance report to the Trust Board
- to provide quarterly standard reports and reports on specific issues to the Clinical & Social Care Governance Group
- ensure that the annual Medical & Multi-disciplinary Audit Plans are focused on areas of concern regarding clinical effectiveness
- promote and support education, training and research activities
- consider and review current services in the light of the focus on current National Confidential Enquiries and local CREST reports

- promote and strengthen links with primary care and community professionals in the management of clinical treatment and care plans
- encourage and support the development of care pathways and treatment protocols
- review all current and oversee all future clinical policies, guidelines and procedures
- oversee and co-ordinate the development of Trust-wide Clinical Pathways, protocols and Care Pathways
- to maintain a live register of all clinical policies, protocols and care pathways
- to monitor, through the Drugs & Therapies Committee, the application of prescribing, dispensing and administration of drugs and treatment therapies in line with established best practice
- to monitor the reporting and actions taken in relation to sudden, unexplained, unexpected or suspicious deaths

To enable it to fully discharge its responsibilities, the clinical Effectiveness Group will receive regular reports from the following groups:

- Medical Audit Committee
- Practice Development
- Research & Education
- Clinical Risk Group
- Complaints Group
- Ethics Committee
- Morbidity/Mortality Group

## **Conclusion**

The roll out of Corporate Governance across the Trust will impact upon every member of staff within the organisation, whether they be front line clinical staff or administrative support staff. It will, therefore, be necessary to support the development of the new arrangements with education and training in order that staff have a good understanding of the committee structure, governance processes and systems and, more importantly, the contribution they have to make. All staff are encouraged to contribute to the systems with the aim of improving the quality of services to our patients, securing a safe working environment for our colleagues and ourselves and demonstrating to the community that we are making effective use of the public funds invested in our services.

Leadership at all levels of the organisation is key to implementation and critical to success, as is communication upward, downward and across the Trust. The creation of a culture of openness and honesty and one in which fair blame underpins the system. Society now seeks greater professional accountability, with more transparent evidence that lessons are learned and shared.

At the same time, success must be celebrated and good practice acknowledged.

Our goal is to continuously improve upon the quality of our services to patients, safeguard high standards of care, tackle poor performance where it exists, and provide a safe environment for staff working in the Service.

The achievement of these goals will be dependent upon everyones individual contribution and effective team working across the Trust.

# Clinical & Social Care Governance Committee

